

MOBILE FOOD CONCESSION AGREEMENT
AGREEMENT #14-0421 (D)

Pursuant to Request for Information (RFI) 14-0421, the Lake County Board of County Commissioners (hereinafter "County") has selected the Contractor identified below as a qualified vendor to provide for a mobile food concession operation in support of specified activities at the County's East Lake Park. It is confirmed that the vendor will provide the County a daily rate fee of \$ 15.00 per concession via check made payable to Lake County Board of County Commissioners, Parks and Trails Division, P.O. Box 7800, 315 West Main Street, Tavares, Florida 32778 for each activity at which the vendor provides the required services with the date of event noted on check. The vendor is to provide the required services in full accord with all procedures and directives established by cognizant health departments. No quantity of work or sales volume is guaranteed to the Contractor under this Agreement.

The Lake County Parks and Trails Division will oversee the services in compliance with applicable administrative requirements. Contractor will provide services only at the written request of Parks personnel and shall be present at the times designated by Parks personnel, utilizing only those locations specified by the Parks personnel. The Contractor agrees to provide all food, cookware, and service components, such as, but not limited to, forks, knives, plates, napkins, and condiments that are or may be required to adequately support the food dispensing function. Contractor will be responsible for the acquisition of all required permits for all of the work to be performed. The Contractor agrees to comply with all terms, conditions, and requirements of the County. Although all food service will be between the individuals attending the scheduled activity and the Contractor, the Lake County Parks and Trails Division retains the right to periodically inspect all work to ensure that the Contractor is providing a safe and pleasing product at reasonable prices to the public.

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement on the respective dates under each signature: COUNTY through its Procurement Office and by CONTRACTOR through duly authorized representative.

COUNTY:

Signature: Sandra Rogers
Printed Name: Sandra Rogers
Title: Contracting Officer
Date: 04-03-2014

Approved as to legal sufficiency:

unmaul for
Sanford Minkoff, County Attorney

CONTRACTOR:

Name of Firm: 3B's Kona Ice
By; Name: Rebecca Carpenter
Title: Pres/owner/operator
Signature: Rebecca Carpenter
Date: 3/20/14
Mailing Address: 24150 Weldon Dr
Swates, FL 32736

AWARD SUMMARY

Bid-Proposal Number: 14-0421D Agenda Item: _____ BCC Approval Date: _____ Opened: _____
Project Title: mobile concessions at East Lake
Contracting Officer: Sandra Rogers Community
Park

<input type="checkbox"/> Capital <input checked="" type="checkbox"/> Non-Capital	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful
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<input type="checkbox"/> One Time Buy <input checked="" type="checkbox"/> Term & Supply <input type="checkbox"/> Contract, Long Term	<input type="checkbox"/> New <input type="checkbox"/> Contract Modification / Extension <input type="checkbox"/> Distribute Contract as Noted <input type="checkbox"/> Distribute Contract Announcement
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Org Code: _____ Object Code: _____ Project Number: _____ Value: Revenue
Start Date: _____ Expiration Date: _____ Total Available Terms: _____

Were any bids or proposals received in response to this solicitation not considered for award for reasons other than price or technical ranking: Yes ☐ (provide detail below) No ☐ N/A ☐ (provide detail below)

Yes

This award recommendation is based on:

ITB/RFP: Total Bid ☐ Group ☐ Item ☐ Other ☐
RFP: Lowest Priced ☐ Highest Ranked ☐ Other ☐
RSQ: Highest Ranked ☐ Other ☐

Use of existing contract: ☐ (provide detail below)

If "other" is checked, provide detail regarding the basis of the award recommendation:

Vendor PDDI

Contract pricing is determined to be fair and reasonable based on:

Price Competition ☐ Rates Set By Regulation ☐ Other ☒

Vendor PDDI

Old Term and Supply number to be sent to Records Management: _____

Vendor recommended for award:

Amount:

3B's Kona-Ice
Rebecca Carpenter
(407) 509-3142 or (352) 483-1879
rcarpenter@kona-ice.com

Departments to Notify: _____

Special Requirements or Comment:

N/A

Are there any vendor pre-award requirements pending?

Insurance ☐ Bonds ☐ Other ☐ Yes ☐ No ☒

Rogers, Sandra

From: Rogers, Sandra
Sent: Thursday, April 03, 2014 11:30 AM
To: 'rcarpenter@kona-ice.com'
Cc: Burgos, Grace; Born, Jenny; Bonilla, Roberto; djtv@mac.com; Rodgers, Connie
Subject: Contract 14-0421D
Attachments: kona.pdf

Rebecca,

Please see attached contract. I will be sending you your original shortly in the mail. Chris MacDonald From Lake County Parks and Trails will be contacting you regarding services utilizing this contract.

If you have any questions please let me know.

Thanks,
Sandra

From: rcarpenter@kona-ice.com [<mailto:rcarpenter@kona-ice.com>]
Sent: Friday, March 21, 2014 10:32 AM
To: Rogers, Sandra
Subject: Information You Requested

Certificate of Insurance for 3B's KONA-Ice.....attached.

To be attached to RFI submitted via fax this morning.

Thank you,

Rebecca Carpenter
KONA-Ice, Where FUN hits the streets!

www.kona-ice.com

Like us on FaceBook at www.facebook.com/konaiceofnwseminole

407-509-3142



FAX COVER SHEET

March 21, 2014

ATTN: Sandra Rogers, Lake County BBC

FROM: Rebecca Carpenter, 3B's KONA-Ice

A handwritten signature in black ink, appearing to read "RSE", written over the word "KONA-Ice" in the "FROM" line.

RE: RFI Submission for East Lake Community Sports Complex

PER: Dwayne Henry, Lake County Recreation Coordinator
DJ Verkaik, Lake County Soccer Club

Good Morning,

Per the above named, please review the following RFI. Certificate of Insurance has been ordered and will be forwarded via email upon receipt.

I am seeking the county's approval to partner with Lake County Soccer Club to serve refreshments during approved sporting events at East Lake Community Sports Complex.

Please feel free to contact me by phone at **407-509-3142** or via email at **rcarpenter@kona-ice.com** with questions, concerns or for more information on our product and services.

Thank you in advance for your time and consideration.

7 pages including this cover



Attachment 1 - Specific Technical and Administrative Requirements

Vendor Information: 3B's Kona - Ice, Inc
Vendor Representative: Rebecca Carpenter
Vendor Address: 24150 Weldon Dr
EUSTIS, FL 32736

Vendor Phone Number: 407-509-3142
Alternate Phone Number: 352-483-1879
Vendor Email Address: rcarpenter@kona-ice.com
Vendor Signature: Rebecca Carpenter

Specific Requirements

Requirement 1

In addition to providing the information below, the vendor shall complete the attached "Work Reference" form in sufficient form to enable the County to determine the adequacy of the vendor's performance record. Vendors may provide additional references by completing additional copies of the form. Vendors are requested to provide a copy of each license described below with the initial response.

1. Years of experience: 4.5
2. Licenses currently held by the responding vendor:

Description	License Number	Expiration Date
<u>Lk Co Bus. Tax</u>	<u>121364</u>	<u>9/30/14</u>
<u>FL Dept of Ag-</u>	<u>354850</u>	<u>12/31/14</u>
<u>Food Service</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

Describe the approach the vendor will take to ensure a sustainable and profitable operation:

Our mobile event vehicles are completely self-
contained. Require NO power or water to
serve. Meet all state and local health dept
requirements. HAVE sufficient storage and
capable of serving thousands in short periods
of time. We serve ONLY shaved ice, bottled
water and sports drinks.

BOB MCKEE
LAKE COUNTY TAX COLLECTOR

EMPLOYEES 3

TYPE OF PUBLIC SERVICE
BUSINESS

BUSINESS BBBS KONA-ICE INC
24150 WELDON DR

BBBS KONA-ICE INC
24150 WELDON DR
EUSTIS, FL 32736

2013 / 2014
LAKE COUNTY BUSINESS TAX RECEIPT
STATE OF FLORIDA



ACCT NO. 121364
RECEIPT NO. 8760034579
EXPIRES SEPTEMBER 30, 2014

ORIGINAL TAX	30.00
PENALTY	0.00
TRANSFER FEE	0.00
AMOUNT PAID	30.00
TOTAL DUE	\$0.00

Receipt #2013-0023808
Paid 08/06/2013 30.00



Florida Department of Agriculture and Consumer Services
Division of Food Safety

3125 Conner Boulevard, C-26
Tallahassee, FL 32399-1850
(850) 245-5520

February 21, 2014

ADAM H. PUTNAM
COMMISSIONER

Business Mailing Address :



BBB ENTERPRISES INC DBA KONA-ICE OF SEMINOLE
24150 WELDON DR
EUSTIS, FL 32736-7926

Food Entity Number : 354850

Decal Number : 1859

Business name and location address :

BBB ENTERPRISES INC DBA KONA-ICE OF SEMINOLE
1075 LOMMLER ST
LONGWOOD, FL 32750-3058

Permit Year: 2014

Dear Operator,

THIS LETTER IS YOUR MOBILE VEHICLE ANNUAL FOOD PERMIT. **THIS ORIGINAL LETTER MUST BE KEPT IN THE PERMITTED VEHICLE.** PLEASE MAKE SURE YOU PLACE THE ATTACHED DECAL IN AN EASY TO SEE LOCATION ON THE EXTERIOR OF THE VEHICLE AND KEEP THIS LETTER AVAILABLE FOR THE INSPECTOR. The decal must be securely attached to the vehicle using the self adhesive backing. Failure to display this decal in accordance with this policy may result in administrative action for violation of Florida Administrative Code 5K-4.020(2), "...Permits shall be conspicuously displayed at locations for which issued and are not transferable...".

Please note that the number on the decal is not the same as your food entity number. The number on the decal will change each year but your food entity number will always remain the same. Please include your food entity number in any correspondence or phone calls.

If any other licensing authority requests to see your Annual Food Permit prior to issuing their license, this letter should serve as proof that you have submitted payment for your Mobile Vehicle Annual Food Permit. This decal and letter is valid only for the vehicle to which it is issued. If you have any questions about the placement of this decal please call us at (850) 245-5520.

Sincerely,

John T. Fruin, DVM, Ph.D
Chief of Bureau of Food and Meat Inspection
Division of Food Safety

Attachment 2 - Proposed Menu

	Description	Proposed Cost
-	TROPICAL SHAVED ICE Small	2.00
	REG	3.00
	HUNDREDS OF FLAVOR KING	4.00
	COMBINATIONS BY REFILL	6.00
	REQUEST OR CREATE LY	3.00
	YOUR OWN AT OUT	
	PATENTED "FLAVOR-WAVE" STATION	
-	WATER, BOTTLED 700 ML	2.00
	Sport size w/ flip cap	
-	POWER-ADE, 20 oz bottle	2.00
	3 flavors	
*	* CHIPS & CANDY - ASSORTED IF REQUESTED & AUTHORIZED	

Attachment 3 - Work References

Agency	CENTRAL FL ZOO & BOTAN. GARDENS
Address	
City, State, ZIP	SANFORD, FL
Contact Person	DAVID TETZLAFF
Telephone	407-323-4450
Date(s) of Service	MARCH 2010 to present
Type of Service	SHAVED ICE SERVICE TO GUESTS
Comments:	Permanent location in Splash Ground

Agency	Oviedo, Parks & Rec Dept
Address	
City, State, ZIP	Oviedo, FL 3274
Contact Person	DAVID BURGOON
Telephone	407-971-5576
Date(s) of Service	MARCH 2010 to present
Type of Service	SHAVED ICE SERVICE - PARTICIPATING
Comments:	IN CITY SPONSORED EVENTS & CAMPS

Agency	AMER. CHRISTIAN YOUTH SPORTS
Address	(ACYS) - TROTTER'S PARK
City, State, ZIP	ORLANDO, FL
Contact Person	KEN CAENERS
Telephone	407-617-4521
Date(s) of Service	MARCH 2010 to Present
Type of Service	SHAVED ICE SERVICE TO PLAYERS
Comments:	& SPECTATORS DURING SPORT EVENTS

* ALSO APPROVED VENDORS FOR LAKE, SEMINOLE AND ORANGE CO PUBLIC SCHOOLS AND PARKS.

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Sanford Minkoff, County Attorney

CONTRACTOR:

Name of Firm: 3B's Kona Ice
By, Name: Rebecca Carpenter
Title: PROP/OWNER/OPERATOR
Signature: Rebecca Carpenter
Date: 3/20/14
Mailing Address: 24150 Weldon Dr
Eustis, FL 32736

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By; Name: Rebecca Carpenter
Title: Pres/owner/operator
Signature: Rebecca Carpenter
Date: 3/20/14
Mailing Address: 24150 Weldon Dr
Evans, FL 32734

add to T+S
4/3 emailed contract.